

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO. 10/579,536  
FILING DATE 10/22/86

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9							59							
10		2					60							
11		1	2				61							
12		2	1				62							
13		1					63							
14		1					64							
15		1					65							
16							66							
17							67							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL REQ.	1		1		1		TOTAL REQ.		1		1			
TOTAL OPT.	14		14		14		TOTAL OPT.		14		14			
TOTAL CLASD	15		15		15		TOTAL CLASD		15		15			